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STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 over the lines. COMMITTEE (in full) is changed) beler4senate ADDRESS (number and street) (Check if address is changed) NN_1 CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) wardcompany.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) www.iimabeler.com (Check if address is changed) DATE c00546630 **FEC IDENTIFICATION NUMBER** 4. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. For further information contact: Office FEC FORM 1 Federal Election Commission Use (Revised 02/2009) Toll Free 800-424-9530

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